

| POSITION                  | INITIALS   | ID NO. | DATE    |
|---------------------------|------------|--------|---------|
| FEE DETERMINATION         | <i>M G</i> |        | 6/1/00  |
| O.I.P.E. CLASSIFIER       | <i>SC</i>  |        |         |
| FORMALITY REVIEW          |            | 823    | 7/21/00 |
| RESPONSE FORMALITY REVIEW |            |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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| 12    |       |          |      |
| 13    | ✓     |          |      |
| 14    | 0     |          |      |
| 15    | 0     |          |      |
| 16    | ✓     |          |      |
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| 19    |       |          |      |
| 20    | ✓     |          |      |
| 21    | 0     |          |      |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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